



Please accept my donation / pledge of \$_____

Donor Information

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(as you would like it to appear in our program)

Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Please select a payment method:

Check enclosed

Invoice me

Charge my credit card:

Visa MasterCard

Card # _____ Exp Date: _____

Signature: _____

Please return completed form to:

Greater Lansing Ballet Company
2224 E. Michigan Ave.
Lansing, MI 48912

Phone/Fax: (517) 372-9887

greaterlansingballetco@yahoo.com

Office use only
Date received _____

TY